



PUBLIC ENTITY
SELF INSURED RETENTION SCHEDULE AND TPA INFORMATION
SIGNATURE PAGE

Covered Party: City of North Port
Agreement No: PX FL1 0582501 24-10 01 - 1

☐	PROPERTY		Each Occurrence
☐	INLAND MARINE		Each Occurrence
☐	CRIME		Each Occurrence
☒	GENERAL LIABILITY (includes Employee Benefits)	\$100,000 SIR	Each Occurrence
☒	LAW ENFORCEMENT LIABILITY	\$100,000 SIR	Each Occurrence
☒	PUBLIC OFFICIALS LIABILITY	\$100,000 SIR	Each Claim
☒	EMPLOYMENT PRACTICES	\$100,000 SIR	Each Claim
☒	AUTOMOBILE LIABILITY	\$100,000 SIR	Per Person/ Per Accident
☐	AUTOMOBILE PHYSICAL DAMAGE- COMP		Each Accident
☐	AUTOMOBILE PHYSICAL DAMAGE- COLL		Each Accident
☐	GARAGE KEEPERS		Each Accident
☒	EXCESS WORKERS COMPENSATION	\$350,000	Each Occurrence

THIRD PARTY ADMINISTRATOR INFORMATION

If no information appears below or if there is a discrepancy, please make the necessary changes on the lines provided.

TPA Name & Address:

Relation Insurance Services
700 SE Central Parkway
Stuart FL 34994

TPA Primary Contact:

Name: Jeff Fischer
Phone: 772-919-8677
Email: jeff.fischer@relationinsurance.com

QUARTERLY REPORTING REQUIREMENT

Per PGIT MN-903, page 2, Section C, you agree to submit a claim status update for all claims to us on a quarterly basis in an acceptable electronic Excel Spreadsheet per layout included at time of quote. The data should be emailed to mwalck@publicrisk.com by the 15th day after the quarter ending.

I hereby agree to the reporting requirements and confirm the above information is correct.

Authorized Signature:

Please note: Failure to return a signed copy of this document could result in cancellation of coverage.

The brief description of coverage contained in this document is being provided as an accommodation only and is not intended to cover or describe all Coverage Agreement terms. For more complete and detailed information relating to the scope and limits of coverage, please refer directly to the Coverage Agreement documents. Specimen forms are available upon request.